

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10	1	1				
11		1				
12		1				
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TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	22					

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